Summer Training at
MAX Super Specialty Hospital
(April 1–May 31, 2014)

Study of Job Satisfaction Level and Performance Appraisal System in HR Department

By

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CERTIFICATE

This is to certify that **Ms. Nupur Agarwal** has undergone her summer training at Max Super Specialty Hospital, Saket, New Delhi from 1st April, 2014 to 31st May, 2014. The candidate herself carried out all the studies related to her summer training. Her approach to the study has been scientific and analytical. This summer training is in the partial fulfilment of the course requirement recommended for the award of Post Graduate Diploma in Hospital Management.

I wish her success in all her future endeavours.

Col. (Dr.) Ashok Kaushik
Dean, Academic & Student Affairs
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MAX HEALTHCARE
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CERTIFICATE OF COMPLETION

MAX INSTITUTE OF MEDICAL EXCELLENCE

This is to certify that

NUPUR AGGARWAL

has been associated as an

INTERN

with the department of

HOSPITAL ADMINISTRATION

for a period of

1st April 2014 To 31st May 2014

at

Max Super Speciality Hospital
Saket, New Delhi

"The Internship course is a Max certified course not affiliated to any National/International society".

Head of the Department

Dr. SAHAR QURESHI
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for Dr. Shubnum Singh
Dean – Nursing, Allied Health, & Wellness Programs
Max Healthcare, New Delhi

ACKNOWLEDGEMENT

For a MANAGEMENT student, the power of knowledge is unattainable unless an element of practical observation and practical performance is not added. I consider myself to be fortunate for having been provided an opportunity to undergo summer training at **MAX SUPER SPECIALITY HOSPITAL, SAKET, DELHI.** It is a great pleasure to express my sincere gratitude to **Mr. Anil Vinayak (Head Sales and Marketing)** and **Dr. Sahar Qureshi (Assistant General Manager)** for providing me an opportunity to undergo training in this highly esteemed organization.

My very special thanks to **Dr. Shihad Khader (Program Manager-Oncology)** for helping me with his valuable suggestions in completion of my report. He has been a constant guiding light and source of illumination for me. It entirely goes to his credit that this report has attained its final shape.

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Lastly I want to express my gratitude to all those people who took time out from their busy schedules and cleared my queries. I would like to thank my family and friends for being a constant source of illumination to me.

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MAX AT A GLANCE

The Max India Group is a multi-business corporate, driven by the spirit of enterprise and focused on people and service oriented businesses. The Company's vision is to be one of India's most admired corporate for service excellence – in what we do, how we do it and the positive impact we have on society and our stakeholders.

We 'Protect Life' through our Life Insurance subsidiary. Max Life Insurance, a Joint Venture between Max India and Mitsui Sumitomo, Japan;

We 'Care for Life' through our Healthcare company, Max Healthcare, a subsidiary of Max India Limited;

We 'Enhance Life' through our Health Insurance company, Max Bupa Health Insurance, a Joint Venture between Max India and Bupa Finance Plc, UK;

We 'Improve Life' through our Clinical Research business, Max Neeman Medical International, a fully owned subsidiary of Max India.

Max India recently entered the Senior Living business with Antara Senior Living, a fully owned subsidiary of Max India. From its past, Max India continues its interest in the manufacture of Speciality Products for the packaging industry through its subsidiary, Max Speciality Films.

VISION

To be one of India's most admired corporate for service excellence- in what we do, how we do it and the positive impact we have on society and our stakeholders

MISSION

- Establish niche services businesses in life insurance, Healthcare, Health insurance and Clinical Research.
- Life insurance, Healthcare and Health insurance……Convergence!
- Rank amongst top three players in each niche.
- Partner with best-in-class work leaders.
- Create service excellence in all businesses.

OBSERVATIONAL LEARNING IN DIFFERENT DEPARTMENTS:-

OPD (Out-Patient Department)

Each INSTITUTE of Max saket hospital has its own OPD area as well as IPD area / day-care area wherever applicable. Every OPD has a procedure room and its own Front Desk. Appointments are centralized and are recorded on the Hospital Information Management System. As soon as appointments are fixed, a text message is sent to the patient confirming the appointment, and a reminder message is sent on the day before the appointment. No walk-in patient is turned away, and the staffs try to accommodate these patients between the appointments already scheduled for the day. Each OPD waiting area has the capacity to handle 70-100 patients waiting.

IPD (In-Patient Department)

- IPD is distributed over five floors (2^{nd}-6^{th}) in the east wing of Max hospital including a total number of 201 beds.
- The rooms available in IPD have the following structure of beds per room:
    - 6 in 1
    - 4 in 1
    - 2 in 1
    - Single Deluxe
    - VIP suite
- Every floor has a central nursing station with
    - Information Board covering:
        - Designation & Contact numbers of
            - Duty doctor
            - Administration Staff
            - Support Staff

EMERGENCY DEPARTMENT

Due to the unplanned nature of patient attendance, this department provides initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention, except for major burns. It is located at the ground floor with its own dedicated entrance and operates for 24 hours a day.

Ambulance- 2 ACLS (with CCTV camera for telemedicine) and 4 BCLS

Patients are either transferred to other departments or are discharged within 4 hours. Max Super Specialty Hospital, Saket had made a world record for management of MI patient in emergency department from entrance to the balloon time in cath lab, in less than 35 minutes.

OPERATION THEATRE

Operation theater complex of East wing is located on first and second floor. Operation theater complex has 11 operation theater assigned to various departments. Cardiac, oncology , bariatric laparoscopic, gynecology, ENT and plastic surgeries are performed in these operation theaters. Operation theater complex of west wing is located on first floor. It has 7 operation theaters for various departments. Orthopedic, neurology and general surgeries are performed here.

FRONT OFFICE

Front office is the first point of contact between the hospital and its customer.

Services provided by front office

1) inpatient and outpatient registration.

2) IP admission and discharge

3) medical alert details

4) appointment scheduling

5) doctors schedule summary

6) patient billing(IPD,OPD)

7) insurance management

8) patient visit history

CALL CENTRE

Call centre of Max hospital, saket operates at 24*7. It is centralized patient contact centre for saket.It can be used as an information centre for all customers.

Call centre deals with:

- Doctor's appointment
- Health check ups
- Radiology and diagnostic appointments
- Patient's information
- Doctor's information
- Employee's information
- Specialty information
- Other department information
- It handles internal emergency e.g. Blue code

Main board line number is: 26515050

BLOOD BANK

Max super specialty hospital has its own blood bank. All blood groups are available. But it is preferred that patient arranges blood through his relatives or any friend and should give replacement.

Blood bank consist of

1. Sample collection area / reception area: In reception area a form is given to the attendant of the patient regarding their details before he/ she donates the blood.
2. Apheresis area: blood have several components including red blood cells platelets and Plasma. Donor aphaeresis is a special type of blood donation in which a specific component platelet, plasma is withdrawn from donor
3. Component room: In component room the whole blood is separated into packed cells FFP and platelets.

4. TTI room: it is to diagnose transfusion transmitted infections. If donor is detected positive for TTI status it means donor have the potential to transmit the infection to their partner and children.
5. Issue room: This room is to issue the screened blood bags.

Staff of blood bank consists of 1 HOD, 2 blood bank officer, 1 technician supervisor, 16 technicians, 2 staff nurse, 2 computer executives, 4 GDA.

IPS(INTERNATIONAL PATIENT SERVICES) DEPARTMENT

It takes a lot to be a world-class health care services provider and as per patient registration data, over 11 lac overseas patients have been helped to get back to their normal lifestyle. This department, situated in East wing, is exclusively dedicated for the services of international patients.

Contact Procedure:

- Patient sends a query and/or reports
- IPS Team consults the relevant consultant and provides diagnosis, proposed treatment and estimate
- If required, a telephonic meeting may also be arranged
- Patient confirms if he wants to have treatment at Max Healthcare to provide Visa Facilitation Letter
- Patient confirms the arrival date and time
- IPS Team, in the meantime, books room, OT etc. for the patient
- Patient is received at the Airport and then, brought to the Hospital/Guest House/Hotel

Also, another contact procedure is as follows:

- Max hospital conducts free outreach OPDs in other countries, at least 1-2 per year
- Max hospital also has tie ups with different hospitals in these countries

PHARMACY DEPARTMENT

Max pharmacy is self-owned with Central Pharmacy situated at corporate office, Okhla. There are 2 In-patient pharmacy stores and 2 Out-patient stores in the hospital.

PURCHASE

Auto purchase requisition is given to central purchasing team which is forwarded to vendor(outsourced).For purchasing the items ABC method is followed. Weekly requisition is done and vendors take minimum 3 days for delivery of drugs to hospital.

STORING OF DRUGS

Medicines are arranged according to VISTA (e-care) in Client patient record system via generic name in alphabetic order in racks, shelves, cupboards and drawers. Oral, parenteral and topical items are stored separately. Near expiry (expiry within 3 months)is stored in separate designated area to expedite the consumptions.

CATH LAB

Catheterization laboratory or cath lab is an examination room with diagnostic imaging equipment used to visualize the arteries of the heart and the chambers of the heart and treat any stenosis or abnormality found.

Diagnostic procedures performed here are:

- Angiography
- Electrophysiology study
- Cath study

Out of these 3 angiography and cath study is done in cath lab 1 and EPS is done in cath lab 2.

SECURITY DEPARTMENT

The security department is an eye and ear of every organization acting as a liaison between management and staff. The control room of Security Department is located on B1 (basement) of East Wing, Max Saket.

PROJECT A

- **Study of Job Satisfaction level and Performance Appraisal System in HR Department.**

Abstract

The current study aims to study employee performance appraisal system (PMS) and reasons for employee dissatisfaction working at MAX Hospital, Saket, Delhi. The data was collected by snow ball sampling techniques with the help of questionnaires. The reliability of the instruments used is reaffirmed which is accordance with the required standards.

This paper would like to assess the most common reason of job dissatisfaction amongst employees.

Introduction

Assessment of employees‟ performance is one of the common practices in almost every organization, a necessary phenomenon for the better performance of employees and the organizations. For better performance of the organizations satisfied employees play a vital role". Seldom, In graham & Jacobson, (2001) reported that more than 90 percent of bigger organizations use performance appraisal system and more than 75 percent are scheduled annually. Employee satisfaction is considered a key to organizational success. Khan (2007) defines employee satisfaction with job as how well ones personal expectations at work are in line with outcomes. Malik, Bibi and Rahim (2010) state that people enjoy working, and strive to work in those organizations that provide positive work environment where they feel they are making difference and where most people in the organization are proficient and pulling together to move the organization forward. The organizations in this regard are struggling hard to keep their valued employees satisfied.

Malik, Saleem and Ahmad (2007) explained employee satisfaction with work as the degree to which an employee likes his or her job. In simple words it can be said as the likening ness to the job that motivates the employees to be present at their work places and carry out tasks to accomplish goals. Whereas employee performance appraisal system can be better understood as Alternate words used for this concept may be employee appraisal, performance review, career development discussion etc. Anthony, Perrewe and Kacmar (1996, pp. 374-5)

state that a performance appraisal system must be well defined, corporately supported and monitored. It must also be widely communicated and focused towards achieving corporate objectives.

A performance appraisal system must be integrated as part of a performance management system aligned toward achieving corporate goals (Schneier, Shaw & Beattie, 1991, p.298; Marchant, 1999). Coens and Jenkins (2000) suggest that performance appraisal is a mandated process in which, for a specified period of time, all or a group of an employee's work behaviors or traits are individually rated, judged, or described by a rater and the results are kept by the organization. Performance appraisal system is a combination of all the factors like proposed strategies involving performance appraisal, reward and recognition systems are suggested and analyzed in order to improve performance (Marchant, 1999). The study investigates the fairness of the appraisal system and its effect on employee Satisfaction.

Literature Review

- AL-Hussami, (2008) tested a relationship of job satisfaction and organizational commitment among nurses and found that both the variables were significantly related.
- Bhatti and Qureshi (2007) found out that there is a positive relationship of job satisfaction with employee participation, employee commitment and employee productivity.
- Khan (2007) he states that the fundamental objective of performance appraisal is to facilitate management in carrying out administrative decisions relating to promotions, firings, layoffs and pay increases.
- Savery and Syme (1996) carried out a study of hospital pharmacists and examined a relationship of satisfaction with issues such as appropriate evaluation systems, rather than with pay or job security, correlated best with increased organizational commitment.

Rationale

Employees form the backbone of any organization and are an indispensable part of an organization.

Job satisfaction amongst employees is vital for an organization's growth. There is a level of job satisfaction for each person and each job performed. Problems occur when people are not happy with their jobs. This leads to job dissatisfaction. When the attitude of an employee towards his or her job is positive, there exists job satisfaction. Dissatisfaction exists when the attitude is negative. Job dissatisfaction matters. It matters to organizations, to managers, to customers, and perhaps most of all to employees. Hence, It is very much needed to find out the reasons for job dissatisfaction.

Performance Appraisal has been considered as the most significant an indispensable tool for an organization, for an organization, for the information it provides is highly useful in making decisions regarding various personnel aspects such as promotion and merit increases. Performance measures also link information gathering and decision making processes which provide a basis for judging the effectiveness of personnel sub-divisions such as recruiting, selection, training and compensation

Research Questions

- Which is the most common factor that leads job dissatisfaction amongst employees?
- What is the relation between the numbers of Working Hours and intent to change job in the near future.

Objective of the Study

- To identify the most common factor responsible for job dissatisfaction amongst employees.
- To find out the relation between working hours and intent to change job in the future.
- To study Performance Appraisal System.

Research Methodology:

Primary Data collection -Through self-administered Questionnaires.

Technique – Face to Face Interviews.

Research Design:

The research design adopted for the project is descriptive and analytical in nature. Type of study is Quantitative in nature.

Sample size: 20

Sampling method: Snowball sampling method.

Study population: Junior and Senior residents.

DATA ANALYSIS

- Cross-sectional analysis.
- Graphical representations.

Parameters

Following parameters were used to find out the most common factor responsible for job dissatisfaction amongst employees.

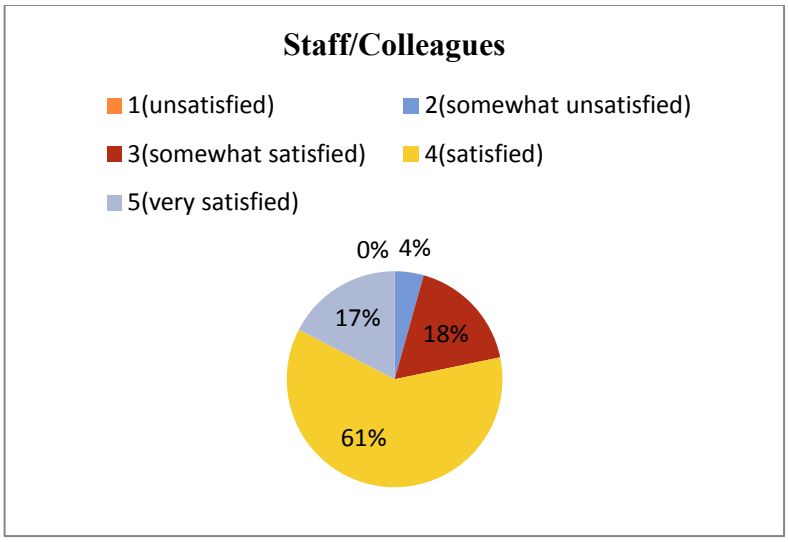
- Staff/Colleagues.
- Work Environment.
- Salary and Bonuses.
- Training Services.
- Motivation Strategies.
- Feedback Received.
- HR Processes
- Internal Communication.
- Working Hours.

-For these parameters pie-charts were prepared and with the help of these pie- charts, satisfaction/dissatisfaction associated with these parameters was studied. After studying these pie-charts, the most common factor for job dissatisfaction was identified.

-For analyzing the relation between working hours and intend to change job, segmentation of the sample was done based on the number of working hours.

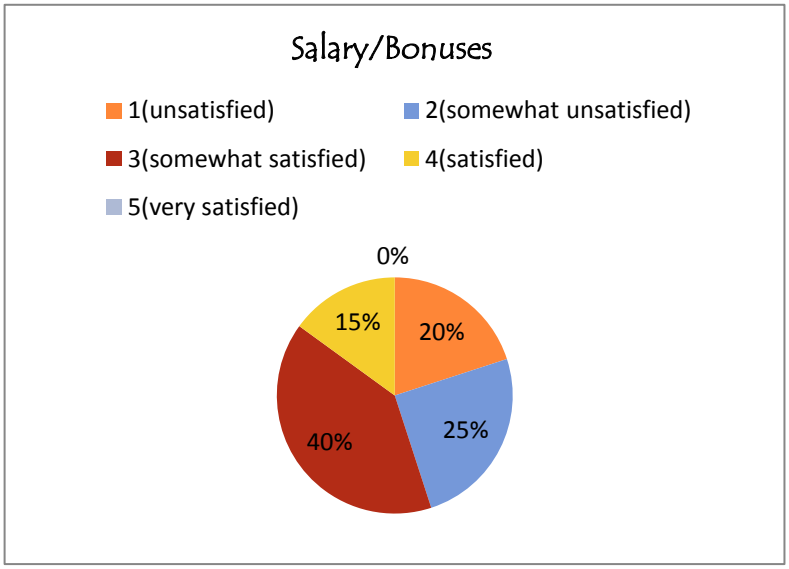
-After segmentation, using the collected data, relation between working hours and intent to change job was analyzed with the help of a line graph. Hypothesis was used.

Pie-charts showing satisfaction/dissatisfaction associated with different parameters.



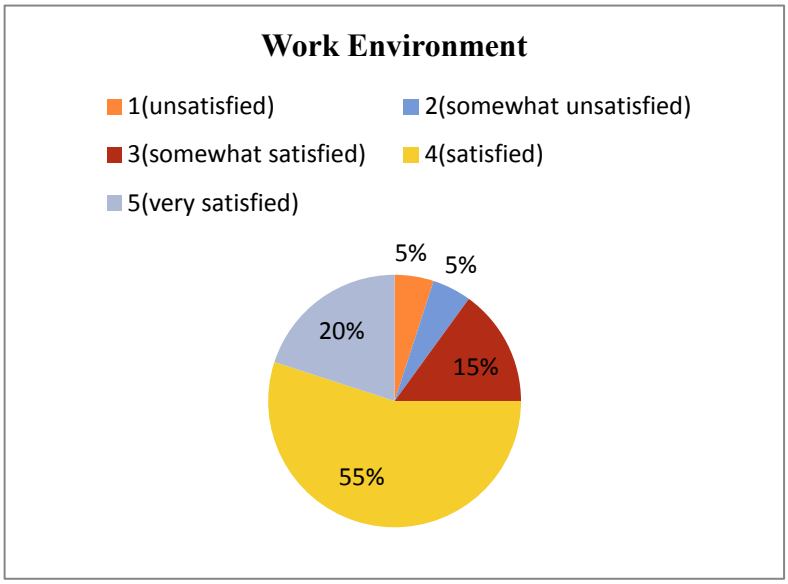
1

61% of the employees were satisfied with the staff/colleagues



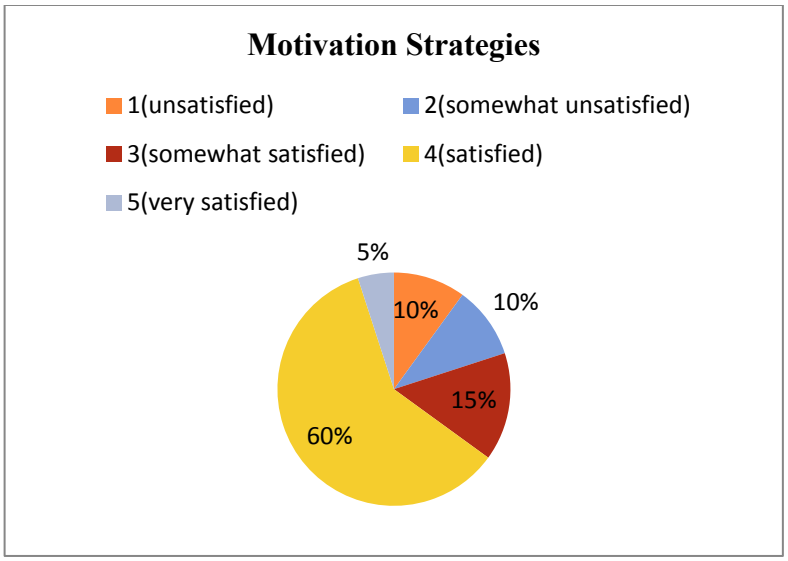
2

40% of the employees were somewhat unsatisfied with the salary/bonuses.



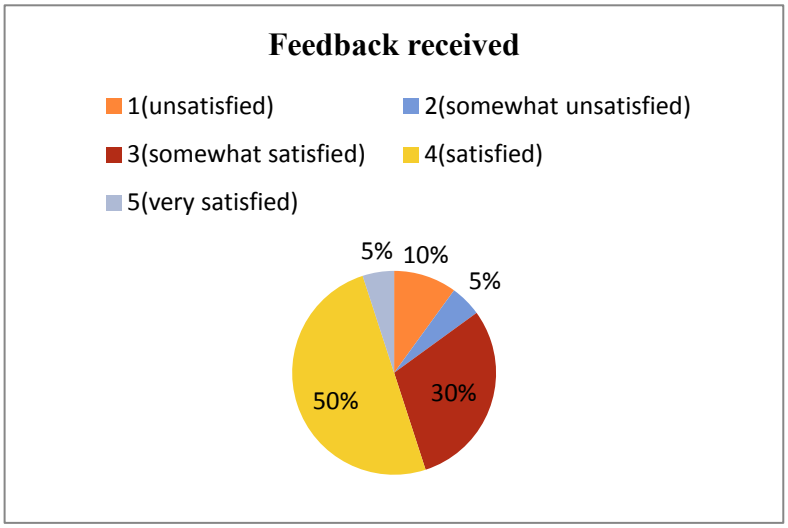
3

55% of the employees were satisfied with the work environment.



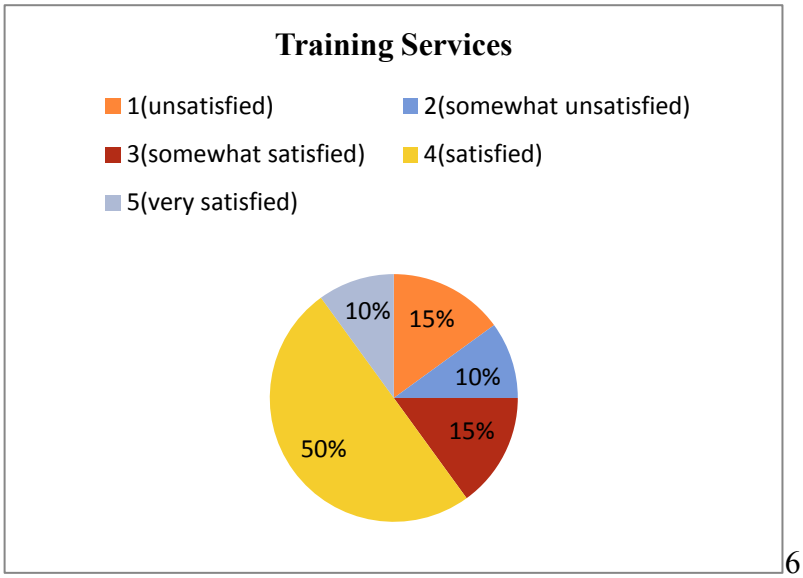
4

60% of the employees were satisfied with the motivation strategies.



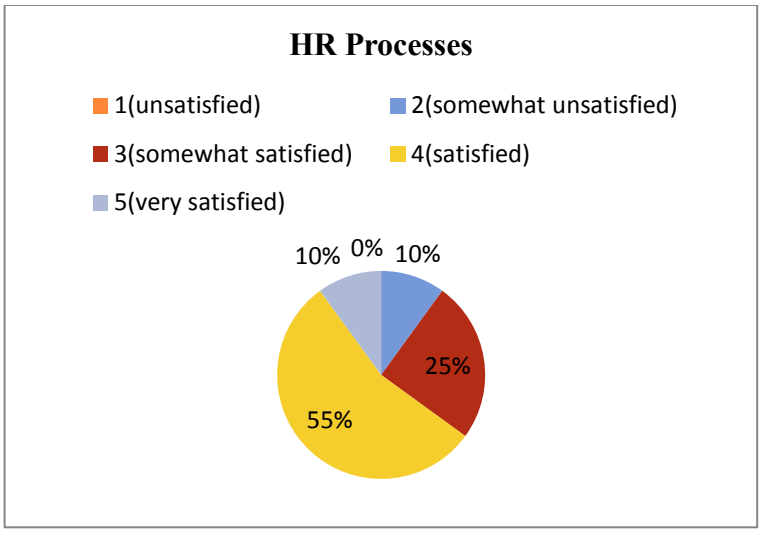
5

50% of the employees were satisfied with the feedback received.



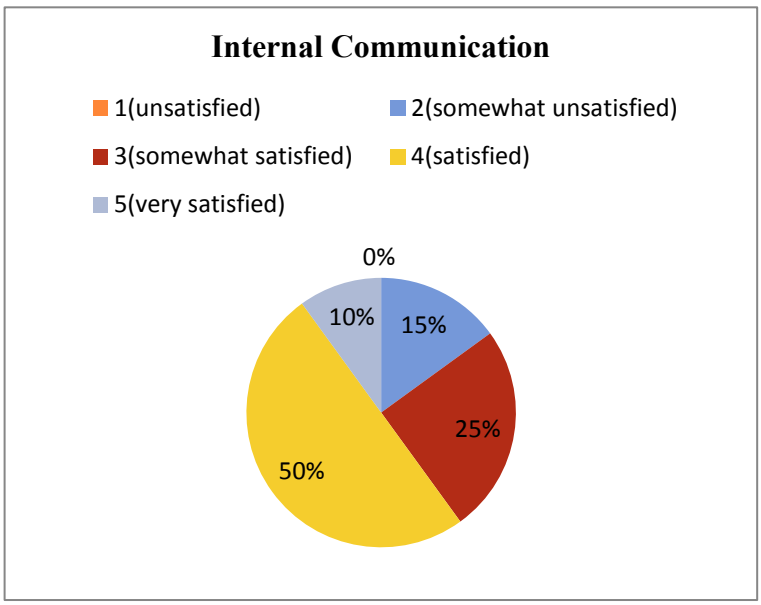
6

50% of the employees were satisfied with the training services.



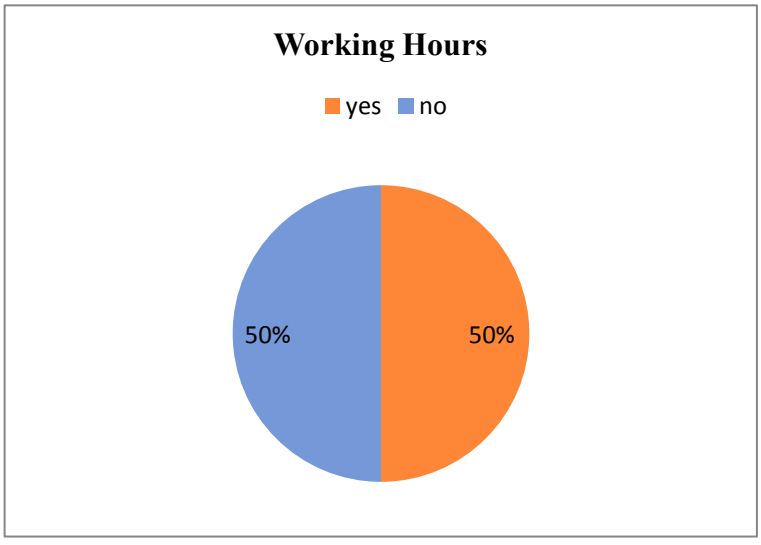
7

55% of the employees were satisfied with the HR Processes.



8

50% of the employees were satisfied with the internal communication.



9

50% of the employees were satisfied with the working hours and 50% were unsatisfied with the working hours.

- In order to determine the relationship between working hours and intend to change job, sample segmentation was done on the basis of usual working hours.

Sample size- 20

Usual working hours	Number
6-8 Hours	5
8-10 Hours	13
0-12 Hours	1
>12 Hours	1

Null Hypothesis:

There is no relation between working hours and indent to change job in the future.

Data collected:

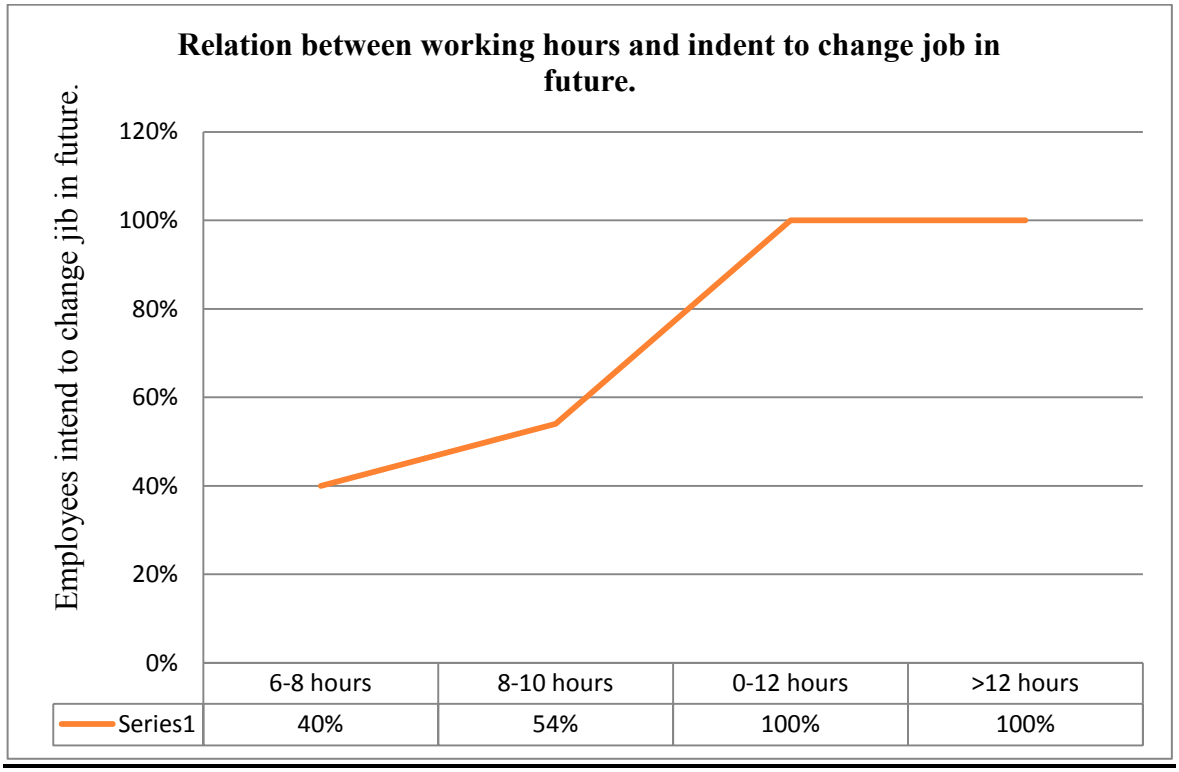
Usual Working Hours	6-8 Hours		8-10 Hours		0-12 Hours		>12 Hours	
No. of Employees	5		13		1		1	
Responses for intend to change job in future.	YES	NO	YES	NO	YES	NO	YES	NO
	2	3	7	6	1	0	1	0
	40%	80%	54%	46%	100%		100%	

Hypothesis:

There is a positive relationship between no. of working hours and intend to change job in the near future.

Graph showing positive relation between no. of working hours and intend to change job in future.

Figure 1



CONCLUSION:-

- The most common factor that leads to jab dissatisfaction amongst employees is SALARY AND BONUSES.
- Number of working hours is directly related to intend to change job in near future. As the no. of working hours increases, employees intend to change job in near future also increases.

PERFORMANCE APPRAISAL SYSTEM

The Performance Appraisal process is a formal structured process wherein the employee has opportunity to discuss and obtain feedback from his/her Supervisor on his/her performance during the previous year, to understand how best his/her performance can be enhanced to achieve team and organization objectives, to share his/her views on support required to enhance performance and to plan hs/her work efforts for the year ahead.

Performance Year

A formal Employee Performance Appraisal is conducted at least once every year. The Performance Year for the purposes of Appraisal runs synchronous with the financial year i.e. from April to March every year.

Performance Parameters

a) Employee Performance is evaluated on the following six parameters:
    1. Patient/Customer care.
    2. Revenue Growth/Cost Management.
    3. Business Process Orientation & Documentation
    4. People & Learning.
    5. Job Knowledge.
    6. Discipline.

b) Following behavioral attributes and values displayed by an employee at work are also assessed to ensure that results are delivered in accordance with Max values and tenets.
    1. Quality Orientation.
    2. Team Work.
    3. Caring.
    4. Integrity.
    5. Transparency & Openness.

Process

i. The Appraisal Process is conducted at the end of each Performance Year usually during the period April to June each year. Pen and Paper Appraisal System exists. For a person joining in October, appraisal is conducted next year.

ii. The employee will have opportunity to self appraise, thereafter he/she discusses his/her performance with his/her Manage & Functional Managers to arrive at a performance rating for the year gone, the performance comments and rating are then reviewed by the Reviewer to ensure that the process is transparent, objective and fair.

iii. The final rating shall be the basis of deciding salary review and performance award for an employee. In deciding a review and /or award the company shall take account the merit and performance of the employee as well as business performance and affordability.

Performance Evaluation Index

Rating	Description
1-Did not meet expectation. (DME)	Performance is below the minimum acceptable level.
2- Met some expectation. (MSE)	Performance usually meets the expectations.
3- Met expectation. (ME)	Performance fully meets expectations.
4- Exceeded expectation. (EE)	Performance constantly exceeds normal expectations.
5- Far exceeded expectation. (FEE)	Performance constantly far exceeds expectations.

PROJECT B

- **Oncology process mapping and identification of bottlenecks.**

INTRODUCTION

The Oncology Day Ward/Day Care (ODW) as the word implies, provides care for people who need to receive treatment as day cases and do not require staying in hospital as inpatients. Its main function is to assess and treat the patients who are receiving chemotherapy.

It also provides care for those who are undergoing chemotherapy and need assistance with difficulties related to their treatment and condition.

The Oncology Day Care is open from Monday to Saturday.

Timings: - 8am to 8 pm

Patients who are receiving chemotherapy are given priority and normally seen on a first come first served basis or at the doctor's discretion. Patients who come without an appointment will be seen according to their priority. However one is advised to call the front office prior to attendance. One person should accompany the patient due to the limitation of space available and to sign the consent form. Once the treatment has started, staff will be able to give an estimated time of when the patient will be ready for discharge.

General Information -Chemotherapy

In the Oncology Day Care 9 beds, 8 recliners and 4 dummy beds are available.
Before chemotherapy is commenced, the patient is assessed to make sure that he/she understands and consents to the planned treatment.
Blood tests are performed to ensure that their levels are at the required limits.
The patient's weight and height needs to be measured as most chemotherapy doses are calculated according to one's body surface area.
Most information about chemotherapy is given by the Consultant Oncologist when they are first seen; however, further details and queries can be dealt with by the doctors and nurses at the ODW.

RATIONALE/NEED FOR STUDY

To understand the day care process and to reduce the delay (if any) to make the process smooth and faster which will increase its efficiency.

RESEARCH QUESTION

What are the major reasons of delay in the day care process?

OBJECTIVES OF THE STUDY

- Process Mapping.
- Identification of bottlenecks and delays in the process.
- Streamlining the process.
- Increase utilization of resources in day care.

CHEMOTHERAPY PROCESS FLOW

Chemotherapy process flow has been divided into three sections:

a) Admission

-This section includes processes involved in admitting a patient, just after the arrival of the patient at the hospital.

b) Process

-This section includes all the internal processes that take place after admission of a patient in Day Care.

c) Discharge

-This section includes processes taking place after chemotherapy is started. It involves step involved in discharging a patient.

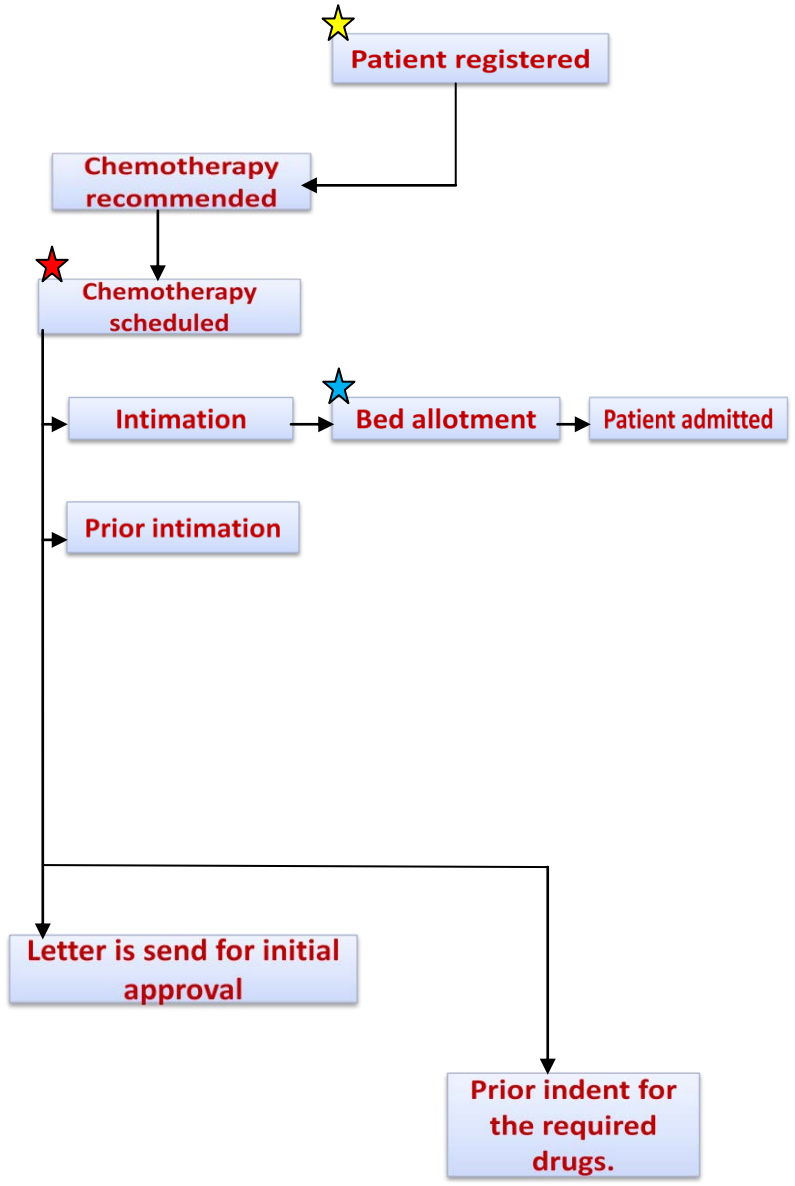
ADMISSION

FRONT END PEOPLE

- **Registration desk**
- **Doctors `**
- **Coordinators**
- **Admissions &Discharge**
- **Nurses**
- **Day Care Doctors**
- **Nursing TL**

BACK END PEOPLE

- **Specialist Pharmacists**
- **TPA Desk**
- **Pharmacy**



Four types of patients come in the day care:-

1. **Cash patients**- Patient pays in cash and gets the discharge.

2. **Corporate patients**- Patient brings the approval letter from the respective company and pays in accordance to the policy.

3. **PSU (CGHS, NDMC, ESI, NR)** - Patient either brings the approval letter from the company or gets discount on the basis of their company card as per the norms.

4. **TPA Patients**- In this case, a prior intimation (a day before admission) is send to the insurance company for the initial approval and after that patient is admitted. After that, discharge summary and bill is send to the insurance company for the final approval. On receiving the final approval, final bill is prepared and the patient is discharged.

Patients who are recommended chemotherapy, go to coordinators, where scheduling of chemotherapy is done by them.
Coordinators explain everything to patients including investigations required and other pre-requisites for chemotherapy, after this date and time is decided for chemotherapy.
Coordinators prepare a final list of all the patients scheduled for chemotherapy the next day and prior intimation is send to admissions and discharge, nurses, doctors and pharmacy.

One of the major areas of concern in scheduling chemotherapy is assigning slots to the patient (there are two slots : Morning(8am to 12 pm) and Evening(after 12pm) wisely, so that patients are not kept waited and the process flows smoothly.

Coordinators book slots considering the following:

a) Patients having long chemo (6 or 8 hours) are given morning slots.
b) Patients with short chemo (2 or 3 hours) are given evening slots.

c) Always, priority is given to a TPA patient, irrespective of a short or a long chemo as approval might take time.
d) New patients are given morning appointment because they may take more time than old patients due to complete new protocol.

e) Sometimes, it may happen that a long chemo of a patient (suppose 8 hours) is divided and given weekly (every 7 days) or three weekly (every 21 days). This leads to shortening of the chemo process and therefore the patient is given an evening slot.
f) Old patients are given morning slots because waiting time may exceed for evening slots patients due to delay in discharge of the morning shift patients.

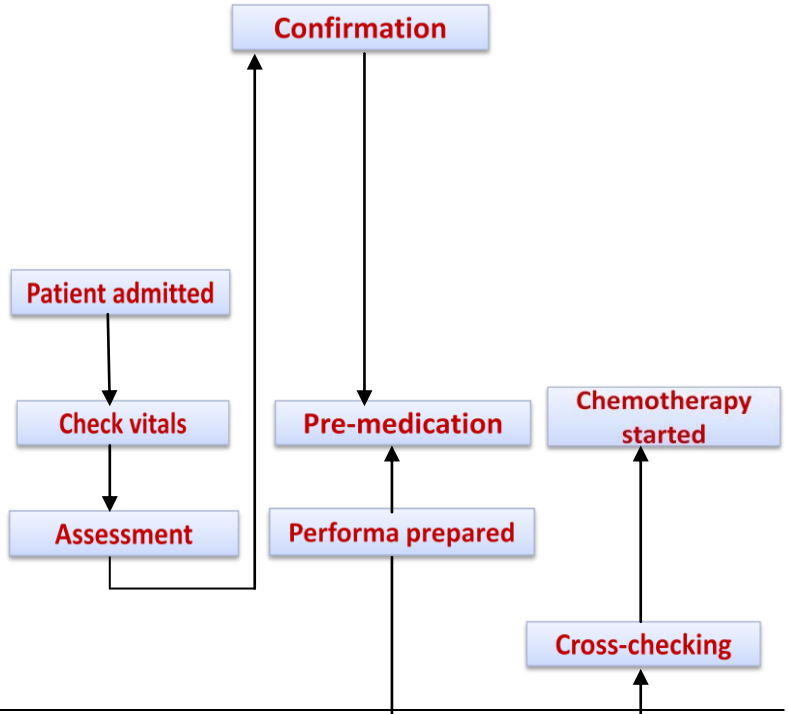
Patient coming first on the day of appointment is allotted the bed first on the basis of age and the process continues for other patients coming after that on that very day.

Bed allotment is one of the steps that takes time and might cause delay in the process ultimately leading to long waiting hours that might lead to patient loss and high level of dissatisfaction among them.

PROCESS

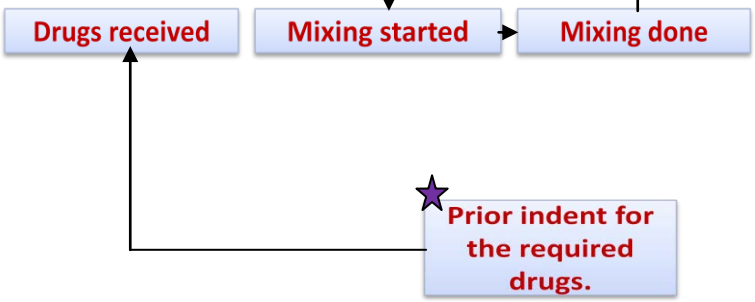
FRONT END PEOPLE

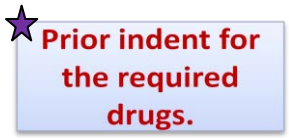
- **Registration desk**
- **Doctors**
- **Coordinators**
- **Admissions &Discharge**
- **Nurses**
- **Day Care Doctors**
- **Nursing TL**



BACK END PEOPLE

- **Specialist Pharmacists**
- **TPA Desk**
- **Pharmacy**





Reasons for delay:

Case 1

When doctors advise immediate (emergency) chemotherapy, prior Intimation cannot be given to the pharmacy. Therefore, it takes time for them to procure drugs, causing delay in the process.

Case 2

When intimation is given but due to unavailability of drugs, procurement of drugs from the dealers take time. Hence, the delay.

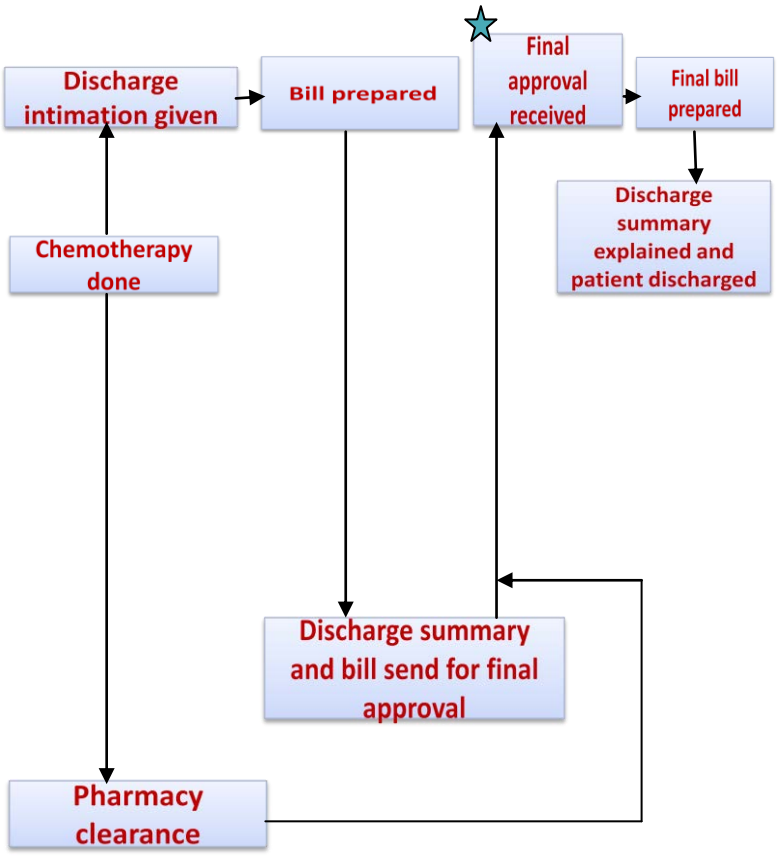
DISCHARGE

FRONT END PEOPLE

- **Registration desk**
- **Doctors**
- **Coordinators**
- **Admissions &Discharge**
- **Nurses**
- **Day Care Doctors**
- **Nursing TL**

BACK END PEOPLE

- **Specialist Pharmacists**
- **TPA Desk**
- **Pharmacy**



In case of TPA patients, if the final approval is not received, the concerned patient is made to wait till the final approval is received. In these cases, patient occupies the bed unnecessarily which causes other patients to wait, ultimately leading to delay in day care processes. Henceforth, patient loss occurs that leads to a fall in revenue of the hospital.

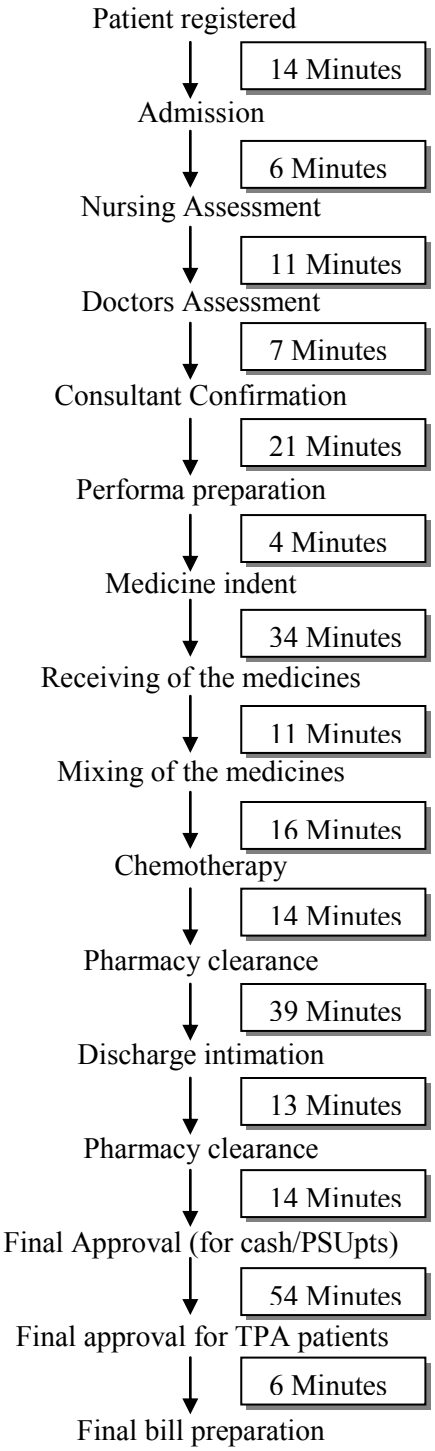
In case, the final approval is not received till 8:00 p.m. in the evening. Then the patient is made to pay in cash and discharged. It's a day care policy.

In cases of patient overload, a TPA patient whose chemotherapy is done, pays in cash and go. When the approval comes, the patient is informed and the money is refunded accordingly. This minimises delay in the process and leads to utilisation of day care to its full capacity.

Sometimes, it may happen that a patient is not ready to pay in cash and is insisting on waiting for the approval even after 8 pm in the evening. In this case, patient is shifted to IPD wards for overnight stay. IPD charges are added to the bill and the process takes even longer. This too leads to unnecessary bed occupancy, ultimately leading to problems in day care process causing mismanagement.

METHODOLOGY

25 patients were followed and **AVERAGE TIME** taken between the steps in the day care process was calculated. **Process Flow showing Average time taken between the steps is as follows:-**



Time range (maximum and minimum time) between the steps in the Day Care process with reasons.

STEPS	TIME RANGE
Step 1 Arrival of the patient **Step 2** Admission	34 minutes – 5 minutes

- The difference in maximum and minimum time can be attributed to unavailability of beds or patients arriving before time.

Step 2 Admission **Step 3** Nursing assessment	10 minutes – 2 minutes

- Maximum time of 10 minutes is might be due to lack of nurses to perform nursing assessment. Unskilled nurses could also be the reason.

Step 3 Nursing assessment **Step 4** Doctors assessment	30 minutes – 2 minutes

- This difference in time could be due to absence of doctors or inability of the day care doctors to understand reports. Hence, starting Doctors assessment takes time sometimes.

Step 4 Doctors assessment **Step 5** Consultant confirmation	2 hours – 1 minute

- This large difference between maximum and minimum time could be due to unavailability of the consultants at the time of Doctors assessment. This causes delay as chemotherapy can be started only after receiving Consultant confirmation.

Step 5 Consultant confirmation **Step 6** Performa preparation	45 minutes – 10 minutes

- Sometimes it might take more time for Performa preparation. This could be due to unavailability of the doctors or due to completely new protocol of a patient.

Step 6 Performa preparation **Step 7** Medicine indent	10 minutes – 1 minute

- This difference could be entirely due to carelessness or mismanagement in the Day Care department.

Step 7 Medicine indent — 1 Hour – 10 minutes

Step 8 Receiving of the medicines

- This huge difference could be due to unavailability of drugs or delayed medicine indent. This could also be due to patient coming without intimation or an emergency patient.

Step 8 Receiving of the medicines — 50 minutes – 10 minutes

Step 9 Chemotherapy

- This occurs in case of new patients wherein doses are to be decided and re confirmed. Hence mixing takes time which eventually leads to delay in starting chemotherapy.

Step 9 Chemotherapy — 10 minutes – 2 minutes

Step 10 Pharmacy clearance

- Sometimes pharmacy clearance takes time due to late medicine indent or if some unusual drugs are involved.

Step 10 Pharmacy clearance — 2.5 hours – 5 minutes

Step 11 Discharge intimation

- This entirely depends upon the duration of chemotherapy as discharge intimation is given at the end of chemotherapy.

Step 11 Discharge intimation — 1.5 hours – 30 minutes

Step 12 final approvals for TPA patients

- For TPA patients, it takes time for the approval to come. Sometimes, approval comes on time and sometimes it takes a lot of time.

Step 12 Final approval for TPA patients — 10 minutes – 2 minutes

Step 13 Final bill preparation

- This could be due to delay in pharmacy clearance at front desk.

Step 13 Final bill preparation — 15 minutes – 2 minutes

Step 14 Patient discharge

MAJOR REASONS FOR DELAY

There are three major reasons for delay in the oncology day care process:-

- Pharmacy clearance.
- Bed allotment.
- Procurement of drugs from pharmacy.

OTHER REASONS FOR DELAY:-

- In case of chemotherapy, some investigations are to be done a day before the admission but PSU patients don't do it a day before to cover these investigation's bill in their hospital bill to avail discounts. So, for these patients investigations are done on the same day of chemotherapy which takes at least 3 hrs to get the reports that
- 24 hrs after chemotherapy, an injection is required to be taken which is expensive. So some TPA patients want the cost of injection to be covered in their hospital bill. Due to this patients stay in the hospital occupying the bed unnecessarily that causes delay.
- Sometimes patients (especially in winters morning time) do not report on given time because in winters it gets difficult for them to come early. This leads to delay in starting the first chemotherapy for the day, hence overall delay for the day occurs**.**
- Sometimes, patient dose is divided into small dosage in 2-3 parts by the doctor because patient becomes weak due to continuous chemotherapy. So next day patient comes without appointment which causes delay as no prior intimation is there.
- In case of new patients it takes time to prepare the Performa because the day care doctors have to understand the complete new regime and then make it as per the dosage required.
- In some patients blood transfusion is required, and if the attendant is not available or not fit enough to donate the blood, it's difficult to get the blood from the blood bank which may take some time and delay in the process.

- Sometimes delay also occurs due to the lack of proper communication between the doctors and the nurses which may cause unnecessary delay in the process.
- Sometimes due to IT problems (like in CPRS, HIS) delay occurs.

RECOMMENDATIONS

- Few emergency beds should be kept in the department in order to keep patients from waiting.
- To curb the time taken in pharmacy clearance, someone from pharmacy department should be appointed in the department. This will escalate the process of pharmacy clearance.
- A television should be put in the waiting area, to make it easy for the patient and the respective attendant to pass the long waiting hours.
- More patient care coordinators should be appointed onto admissions and discharge desk of the department. This will help in proper division of work which will eventually lead to increased efficiency and higher rate of work.
- To solve cases involving patients coming without intimation, there should be proper networking in the department. Prior intimation should given in each and every case. This problem can also be solved by applying **CONFIRMATION CALL POLICY.**

  In this a patient needs to give a call to the department before coming so as to confirm his or her chemotherapy a day before. Only after getting the confirmation, patient should come to the hospital. This will help to keep a track of each and every patient coming, which will reduce the problem of patient coming without intimation.

  Ultimately, the process shortens and number of patients per day increases leading to revenue generation for the hospital.
- In case of a new patient or a patient with a completely new protocol, day care doctors should have proper meeting with the concerned consultant to understand the new protocol. This will reduce the time for Performa performance which otherwise takes longer.
- Some commonly used drugs in chemotherapy should be stored in the department to reduce the time spend in procuring the drugs from pharmacy. After starting the chemotherapy, pharmacy clearance can be done accordingly.

- An **ONCOLOGY REGISTER** should be maintained in the department in which every change including medicine change, dose change or a patient scheduled for chemotherapy in emergency should be recorded. This will help greatly in decreasing long time taken in Performa preparation.

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Annexure:-

Questionnaire

- How long have you been in work? _____ (months, years)
- Do you think the number of working hours affects your personal life?

  Yes ☐ No ☐
- How many hours did you work during the last 24 working hours? _____ Hours.

- **Rate the following on a scale of 1 – 5 :**

1 = Unsatisfied.

2 = somewhat unsatisfied.

3 = somewhat satisfied.

4 = Satisfied 5 = Very satisfied.

- How satisfied are you with the staff/ colleagues? ☐
- How satisfied are you with the work environment of this hospital? ☐
- How satisfied are you with your salary and bonuses? ☐
- How satisfied are you with the training system of this hospital? ☐
- How satisfied are you with the motivation strategies of this hospital? ☐
- How satisfied are you with the amount of feedback you receive for your work? ☐

- How satisfied are you with the HR processes? ☐
- How satisfied are you with the level of internal communication? ☐
- How satisfied are you being a part of this hospital? ☐

Are you satisfied with the hours that you work?

Yes ☐ No ☐

- What are your usual working hours?

- 6-8 hours ☐
- 8-10 hours ☐
- 0-12 hours ☐
- >12 hours ☐

- How many 24 hours duty do you have in a month? ☐

- Do you intend to change your job in the near future?

Yes ☐ No ☐